

INDIANA STATE BOARD OF HEALTH

No. 555**PERMIT FOR BURIAL**County Fulton Township New Castle City or Town _____Date of Death March 9 1931Decedent's full name Francis Lovine Schooley Age 7-10-12Cause of death Pneumonia AcedenarMedical attendant T. J. ClutterPlace of death Fulton Co New Castle TpProposed date of burial Palestine March 11 1931Proposed place of burial PalestineUndertaker H. V. Johns Address Mentore Ind

A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the removal and burial of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial must be conducted according to the rules of the State Board of Health.

Dated March 11 1931L. P. Jefferson Deputy

Name of Health Officer or Deputy

Mentore Ind

Address

(Holder should preserve this Permit)